

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKRECEIVED
SDNY PRO SE OFFICEChristopher Sydney Richards

2016 FEB -9 AM 9:16

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

JANE Doe, John Doe Captain
C Hester

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)

16CV0971

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Christopher Richards

ID #

3491508371

Current Institution

RIKERS ISLAND

Address

18-18 HAZEN ST, E. Elmhurst, NY, 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

JANE Doe

Shield #

(TBA)

Where Currently Employed

Department of Corrections

Address

09-09 Hazen St, E. Elmhurst, NY, 11370

Defendant No. 2

Name

JOHN DOE

Shield #

(TBA)

Where Currently Employed

09-09 HAZEN DOC

Address

09-09 HAZEN ST, East Elmhurst, NY, 11370

Defendant No. 3

Name

Captain Chester

Shield #

1649

Where Currently Employed

Rikers Island

Address

09-09-HAZEN ST, East Elmhurst, NY, 11370

Defendant No. 4

Name

John Doe

Shield #

(TBA)

Where Currently Employed

DOC

Address

09-09 HAZEN ST, East Elmhurst, NY, 11370

Defendant No. 5

Name

Where Currently Employed

Address

Shield #

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

09-09 HAZEN ST, E. Elmhurst, NY, 11370
C.B.V.C. HOUSING AREA TB

B. Where in the institution did the events giving rise to your claim(s) occur?

C.B.V.C - HOUSING AREA TB, in the dayroom
AREA

C. What date and approximate time did the events giving rise to your claim(s) occur?

August 12th, 2015 at approximately 8pm

D. Facts:

What happened to you?

I was assaulted by a gang denied phone privileges, stabbed, and was falsely accused of committing infractions. My charge #'s were: 101.10, 109.40, 120.10, 108.10, & 117.11. Based on genetic video surveillance showing me being assaulted, charges were dismissed.

Who did what?

Before the gang assault occurred, the C.O. had an opportunity to protect me. I told her the inmate threatened me with a knife and she said things that allowed other inmates to overhear and want to gang assault me. She also wrote false statements against me to protect those involved.

Was anyone else involved?

Many inmates were involved in assaulting me, and stabbing me. The officers that were involved influenced this assault and afterwards wrote false statements to protect the wrong-doers involved.

Who else saw what happened?

The entire housing area, the officers in the "Bubble" also witnessed the beating.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Slashing on my upper back and arm.
Slashing of my lip. Lower part of face busted open.
I received stitches to my upper lip, to my lower mouth but NO STITCHES were applied to my stab wounds. I still do not understand why, also other injuries were sustained.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

RIKERS ISLAND

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

I filed the grievance & it was never responded to @ O.B.C.C

1. Which claim(s) in this complaint did you grieve? Every claim, including the false disciplinary report.

2. What was the result, if any? NO Response

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. No response was ever given to me, therefore I never had the opportunity to appeal any decision.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, _____

when and how, and their response, if any: _____

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

I made complaints to many captains & even deputies. Responses were minimal until the officer in my housing area stated that "a lawsuit would get me a proper response & justice".

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I suffer from shaking & trembling of my head, a busted lip split in two which never healed properly, and changed my appearance dramatically, slashing on my back & arm, and since then I've suffered from insomnia, mental and emotional stress and I don't trust law enforcement anymore, because of the false reports and the dismissal of my case when it comes to prosecuting those involved. I ask for a monetary compensation of \$200,000 dollars and convictions on those involved. I also would like the Officers who wrote the false statements to be disciplined or fired from their job. I suffer severe short-term memory loss now and this is detrimental to my goals of pursuit.

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No ☒

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes _____ No ☒ _____

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 26 day of January, 2016.

Signature of Plaintiff

Inmate Number

Institution Address

Christopher Richard
3491508371
18-18 HAZEN ST, E. Elmhurst,
NY, 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 26 day of January, 2016 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Christopher Richard

RECEIVED
SDNY PRO SE OFFICE
2016 FEB -9 AM 9:17

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Christopher Richards

(Full name(s) of the plaintiff or petitioner applying (each person must submit a separate application))

-against-

CV () ()

(Enter case number and initials of assigned judges, if available; if filing this with your complaint, you will not yet have a case number or assigned judges.)

(Full name(s) of the defendant(s)/respondent(s).)

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* ("IFP") (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☒ Yes ☐ No (If "No," go to Question 2.)

I am being held at:

RIKERS ISLAND - 18-18 HAZEN ST, E. ELMHURST, NY 11370

Do you receive any payment from this institution? ☐ Yes ☒ No

Monthly amount: 0

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☐ Yes ☒ No

If "yes," my employer's name and address are:

Gross monthly pay or wages: _____

If "no," what was your last date of employment? August 23rd 2015

Gross monthly wages at the time: \$6000

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

- (a) Business, profession, or other self-employment
(b) Rent payments, interest, or dividends

☒ Yes
☐ Yes

☐ No
☒ No



CORRECTION DEPARTMENT CITY OF NEW YORK

HEARING REPORT AND NOTICE OF DISCIPLINARY DISPOSITION

Page 1
of
2 PagesForm: 6500D
Rev.: 02/09/07
Ref.: Dir. #6500R-B

Infraction #: 1590/15

Inmate Name (Last, First): Richerds, Chris

Institution: CDR

Location:

B&C/
Sentence #: 3491508371

NYSID #: [REDACTED]

Adjudication Captain (Print Name, Rank & Shield #):

Disposition
Date: 8/19/15Disposition
Time: 1055

Tape Data (Tape #):

A-14-AdJ

Counter # at Start:

Perry Capt #180
Audio

Counter # at End:

Audio

Inmate's Accompanying card Indicates Inmate Received Rule Book:

☐ Yes ☐ No

Inmate requested Witness(es):

☐ Yes ☐ No ☐ Waived☐ Request Granted ☐ Denied

(If waived, inmate must sign. If denied, state reason.)

Reason:

Inmate requested Hearing Facilitator:

☐ Yes ☒ No ☐ Waived☐ Request Granted ☐ Denied

(If yes, Hearing Facilitator must sign. If waived, inmate must sign. If denied, state reason.)

Reason:

Inmate Requested Interpreter:

☐ Yes ☒ No ☐ Waived☐ Request Granted ☐ Denied

(If yes, Interpreter must sign. If waived, inmate must sign. If denied, state reason.)

Reason:

If inmate advised of right to remain silent was inmate advised that statements could be used against him/her.

☒ Yes ☐ No ☐ Not Applicable

Special Situations

Hearing in Absentia:

☐ Inmate Refused to Appear☐ Removed from Hearing Due to

Adjournment:

☐ By Adjudication Captain

Date Reconvened: / /

Specify Reason

☒ By Inmate

Waived Time Limits to Facilitate Adjournment (Inmate Signature)

Referral:

☐ Security☐ Mental Health☐ Inspector General

Inmate Pled:

☐ Guilty☒ Not Guilty☐ Guilty with an Explanation

Summary of inmate's Testimony:

I Come back from the clinic at 8 o'clock
I Tried to use the phone and the inmate said it was slot
Time and he pulled a knife out of his mouth and pushed me.
I told the officer I needed to use the phone and they jumped me
and stabbed me and I went to the clinic and they took pictures of my
wounds.

The following witness(es) testified at your hearing. (If additional witnesses testified, attach additional sheets.)

Witness Name (Last Name, First Name):

Witness Signature (Present at Hearing):

Rank/Title, Shield/ID # (if staff), B&C/Sentence # (if inmate):

Witness testified in the presence of the charged inmate:

☐ Yes ☐ No

If no, state reason:

Summary of Testimony:

Testimony was:

☐ Credited☐ Rejected

Reason:

Witness Name (Last Name, First Name):

Signature (Present at Hearing):

Rank/Title, Shield/ID # (if staff), B&C/Sentence # (if inmate):

Witness testified in the presence of the charged inmate:

☐ Yes ☐ No

If no, state reason:

☐ Rejected

Reason:

1635

topher Richards # 3491508371
HAZEN ST A.M.K.C
Hurst NY 11370
3491508371



Pro SE Office
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
PATRICK MOYNIHAN United States Courthouse
500 PEARL STREET, ROOM 200
NEW YORK, NEW YORK 10007

